PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

lication or Docket Number

	CLAI	MS AS	S FILED - PART I (Column 1) (Colum			nn 2)	SMALL ENTITY TYPE :			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	ì,
TOTAL CHARGEABLE CLAIMS			minus 20=		*		.	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			miņus 3 =		*			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is			ss than zer	o, ente	r "0" in 🗙	olumn 2		TOTAL		OR	TOTAL		
7/27/07 (Column 1) (Column 2) (Column 3)							SMALL	NTITY	OR	OTHER SMALL I	NTITY		
NTA	CU REM/ AF	AIMS AINING TER IDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total + /		Minus	** 2	Ø	= (X\$ 9=		OR	X\$18=		l
	Independent * 2	. 1	Minus .		3	= /	1	X42=		OR	`X84=		ļ
₹ T	FIRST PRESENTATIO	N OF MU	LTIPLE DEPI	ENDEN	T.CLAIM		1	+140=.		OR	+280=		
4	RCE							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
1	_	umn_1)		(Colu	ımn 2)	(Column 3)_						1
AMENDMENT B	CL REM	AIMS IAINING FTER NDMENT		NUM PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total *		Minus	**	20.	= 0	1	X\$ 9=		ÓΠ	X\$18=	(l
MEN	Independent * ,	2	Minus	***	3	= 6		X42=		OF	X84=		1
	FIRST PRESENTATION	ON OF MU	LTIPLE DEP	ENDEN	IT CLAIM			+140=		OF	+280=		
								TOTAL ADDIT. FEE		OF	ADDIT. FE]
. .	(Co	lumn 1)		(Col	umn <u>2)</u>	(Column 3	3)_	ADDII. 1 22					
NTC	C REM	LAIMS MAINING VETER NOMENT		HIC NU PRE\	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
OME	Total *	. 10 11 11 1	Minus	**		=		X\$ 9=		OF	X\$18=		
AMENDMENT	Independent *	· ·	Minus	***		= -	_];	X42=		OF	X84=		_
¯	FIRST PRESENTAT	ION OF M	ULTIPLE DE	PENDE	NT CLAIN	1		+140=		OF	+280=		
	If the entry in column 1 kg	s less than t	he entry in colu	, ımn 2, w	rite "0" in c	olumn 3.	20°	TOTAL		OI	TOTA	L E	
-	If the entry in column 1 k If the "Highest Number F "If the "Highest Number F The "Highest Number P	reviously P	aid For in in	13 31 70			nber	ADDIT. FEE				di sana	